

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Terumasa SUYAMA et al.

Serial No.: Unknown

Examiner: Unknown

Filed: November 26, 2003

Group Art Unit: Unknown

For: VEHICLE LIGHT CONTROLLER

Docket: 1018.1194101

**TRANSMITTAL SHEET**

Mail Stop Patent Application  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

**CERTIFICATE UNDER 37 C.F.R. 1.10:** The undersigned hereby certified that this paper or papers, as described herein are being deposited in the United States Postal Service, "Express Mail Post Office to Addressee" having an Express Mail mailing label number of: EV 315612237 US, in an envelope addressed to: Mail Stop Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this 26th day of November 2003.

By Kathleen L. Boekley  
Kathleen L. Boekley

We are transmitting herewith the attached Patent Application including the following:

- [XX] TWENTY-FIVE (25) Sheet(s) of Specification
- [XX] TWENTY (20) Claim(s)
- [XX] ONE (1) sheet of Abstract
- [XX] EIGHT (8) Sheet(s) of Formal Drawings
- [XX] Executed Declaration and Power of Attorney
- [ ] Small entity status under 37 C.F.R. §§ 1.9 and/or 1.27 is claimed
- [XX] An Assignment of the invention to Kabushiki Kaisha Tokai Rika Denki Seisakusho, is being filed contemporaneous with this patent application
- [XX] A certified copy of a Japanese application, Serial No. 2002-344975, filed November 28, 2002, the right of priority of which is claimed under 35 U.S.C. § 119.

CLAIMS AS FILED						
	(1)	(2)	Small Entity		Other	
For:	# Filed	# Extra	Rate	Fee	Rate	Fee
Basic Fee	1	0		\$385		\$770
Total Claims	20 - 20 =	0	X 9 =	\$	X 18 =	\$0
Independent Claims	2 - 3 =	0	X 43 =	\$	X 86 =	\$0
( ) Multiple Dependent Claim Presented			+ 145 =	\$	+ 290 =	\$0
TOTAL			\$		\$770	

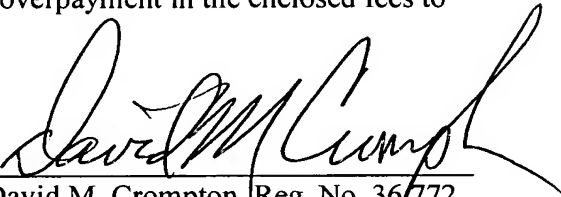
\*If the difference in Column (1) is less than zero, enter "0" in column 2.

[XX] Other INFORMATION DISCLOSURE STATEMENT, FORM PTO-1449 AND ONE CITED REFERENCE.

[XX] A check in the amount of \$770.00 is enclosed.

[XX] Return Receipt Postcard (MPEP 503).

[XXXX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By:   
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